

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

DENIAL NO. **10/501904** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	1					
TOTAL DEP.	2					
TOTAL CLAIMS	3					

	5		6		7	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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